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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90186 014 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753914

1. Corporation Name
TOWNHOMES OF LAKE SEMINOLE CONDOMINIUM NO. 5, AS SOCIATION, INC.

Principal Place of Business C/O BUXTON PROPERTIES 147 BELCHER ROAD, SUITE 2 LARGO FL 34641 US	Mailing Address C/O BUXTON PROPERTES 147 BELCHER ROAD LARGO FL 34641 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/22/1980
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-2069887
22	27	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Country 29	Country 30

9. Name and Address of Current Registered Agent BUXTON, BRIAN P. 147 BELCHER ROAD STE. 1 LARGO FL 34644	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	MACDONALD, DONALD	1.1 TITLE	
NAME	9209 SEMINOLE BLVD #175	1.2 NAME	
STREET ADDRESS	SEMINOLE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE DS	PARRINELLO, ROSEMARY	2.1 TITLE	
NAME	9209 SEMINOLE BLVD, #181	2.2 NAME	
STREET ADDRESS	SEMINOLE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE DVP	GORDON, HAZEL	3.1 TITLE	D
NAME	9209 SEMINOLE BLVD, #182	3.2 NAME	Gordon, Hazel
STREET ADDRESS	SEMINOLE FL 33772	3.3 STREET ADDRESS	9209 Seminole Blvd #182
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Seminole, FL 33772
TITLE D	LEON, GLADYS	4.1 TITLE	TD
NAME	9209 SEMINOLE BLVD, #186	4.2 NAME	Shelly Dapper
STREET ADDRESS	SEMINOLE FL 33772	4.3 STREET ADDRESS	9209 Seminole Blvd #179
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Seminole, FL 33772
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Jim Parrinello
STREET ADDRESS		5.3 STREET ADDRESS	9209 Seminole Blvd #181
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Seminole, FL 33772
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 727 391-4062
 Daytime Phone #

CR2E037 (11/98)